VS A15

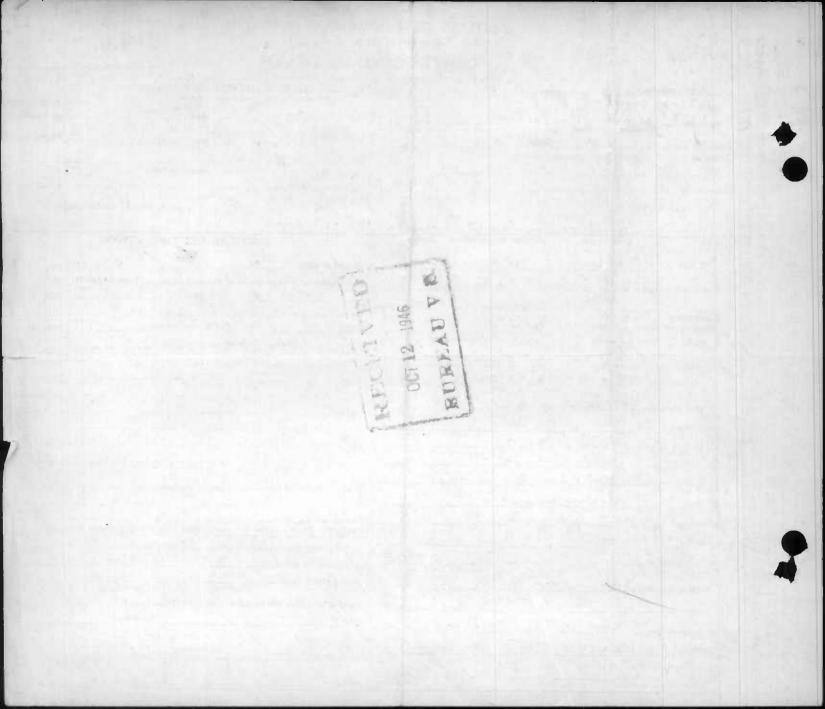
### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

## CERTIFICATE OF DEATH

10430 Reg. Diat. No. 350

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Workester	
City or fown	State Maryland County Workster
(If outside city or town limits, write RUML and give nearest town)	City or town(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	(II outside city of town limits, write ROLEAD and give nearest warm)
Hospital, institution, or street augress where uner occurred.	Street No. Market (If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
1 Frances Boulin	
4. Sex   5. Color or race   6.(a) Single, married, wildowed, or divor	MEDICAL CERTIFICATION
0:+	
Hewale While Married	20. DATE OF DEATH
and Boulis	21. I CERTIEN that deals occurred on the date above stated; that Lattended deceased from
B,(6) Name of husband or wife	El 4 146, 10 027 7 146.
	and that I last saw &allyse on
7. Birth date of deceased (mo., day, yr.) hovenbee 22, 1867	Immediato pape of death OR DURATION
8. AGE: Years   Months   Days   It less than one day	10 2. 6-20-1 3 Olen
78 10 15min.	A Company of the Comp
9. Birthplace Welbown Worcetw, md	Due to
10. Usual occupation Housewife	Due to
11. Industry or business	
12 Name James Trader	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name martlla Collins  15. Birthplace maryland	Major findings of operations
5 15 Rithalace manufaud	Dale of op.
0 9	
16. Informant	Autopsy results
Address Pocomoker City, and.	22. VIOLENCE: If death was due to external causes, till in the tollowing;
17 Burial Dale thereof let. 10, 1946	
(Burial, cremation, or removal. Which?)	Accident, suicide, or homicide
Cemelery or crematory Reman M. C.	Where did injury occur?
Con de cit and Punch	Injured at home, farm, industry, public place (where?)
Location	
18. Funeral director margarette H. Walson	Meane of Injury Injured at work?
Address Pocomoker city, rud.	16 Gilekin
Address V octored and the control of	23. SIDNATURE
13 Oct 10, 19 46 asre Estate	
(Date rec'd by registrar)  Registrar	Address 12 Land Market Signed 10 9 44



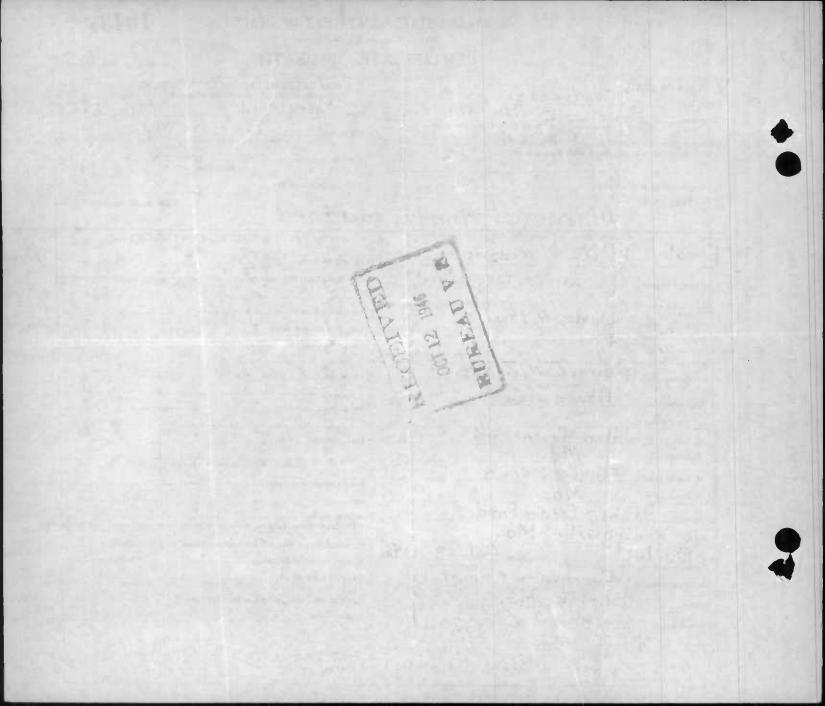
### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore B.D.

### CERTIFICATE OF DEATH

10437

1. PLACE OF DEATH: Worcester	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For pewborn infants give, residence of mother)
	State Maryland County Worcester
City or town	Review Md
How long In above place of death? 6 Weeks	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3.(a) FULL NAME Margaret Ann Br	adford, 3.(b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Widowed	20. DATE OF DEATH 10/5/46 19 19 19 19 19
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) June 4, 1861	and that I last saw halive on
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death yocardetes DURATION
85 4 1min.	
Richaice Newark. Wor. Md.	Bus to Ay perteusion
9. Birthplace(Town, county, and state)  House wife	
10. Usuai occupation House wire	Rue to
11. Industry or business	
# 12. Name John Townsend	Other conditions
Md,	Sinci Colorione
E. 13. Birinpiace	(Include pregnancy within 8 months of death)
H 14. Maiden name Fannie Smack	Major findings of operations Nove
15. Birthplace Md.	Date of op.
16 Informant Archie Brad Pord	Autonay results.
Address Whaleysville Md.	PHYSICIAN: Please underline the cause tu which death should be charged statistically.
	22. VIOLENCE: If death was doe'to external causes, fill in the following:
17. Burial Date thereof Oct. 8 1946. (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory Evergreen Cemetery	Where did Injury occur?
Cemetery or crematory.	
Location Berlin, Md.	Injured at home, farm industry, public place (where?)
18. Funeral director anna a Burbaga	Means of Injury Nove Injured at work?
Address Berlin, Md.	Oliffond & Chatt
10-8 10-8 Jelen F. Nayer	23. SIGNATURE
Registrar	Address Date signed



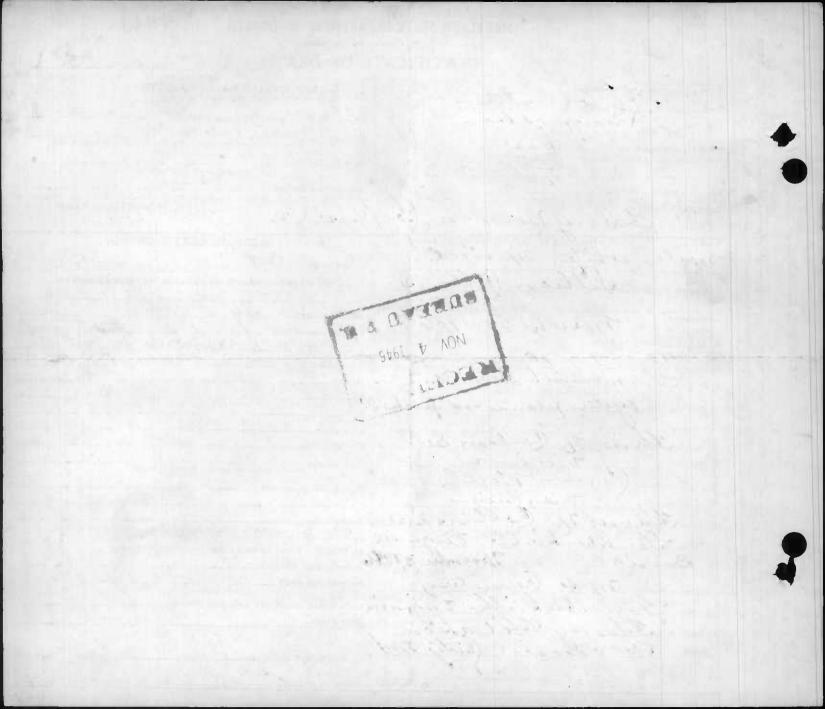
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### MARYLAND STATE DEPARTMENT OF HEALTH

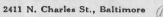
2411 N. Charles St., Baltimore



1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (Fegnewborn infants give residence of mother)
County	Perchewborn infants give residence of mother
City or town Package the	State
City or town	City or town Drunbackorla
How long in above place of death?	City or town
Hospital, institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME Sarry norman Cole	less Jr. 3. (b) Social Security Number
4. Sox   5. Color or raco   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white married	20, DATE DE DEATH Oct 3 / 1946 at 9 P. M
Villian Collins	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
8.(b) Name of husband or wife.	
	and that I last saw h
7. Birth date of deceased (mo., day, yr.) March 21-1906	
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death DURATION
40 7 10nrs. min.	Coronary / Scound Sur Suredily
9. Birthplace Sheembo-kirlle accornice Va (Town, county, and state)	Due to
10. Usual occupation defeter palantie and fraches	Bue to
11. Industry or business	
E 12. Name Harry FL Callery SI	Diher conditions
2 13. Birthplace & Vergence	(Include pregnancy within 3 months of death)
14. Maiden name Carriel Tiell	Major findings of operations
15. Birthplace Dirginia	
4/2000.00. 81	
16. Informant 1	Autopsy results
Address Tresbookertle Oligen	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Whichi)  Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory The Consistency	Where did injury occur?
Location Franciscoperly Tingune	Injured at home, farm, Industry, public place (where?)
18. Funeral directe Henry Ble Dataon)	Means of injury injured at work?
Address Pocossesher City Md	1 Of 1 12 10 Lm (5
D = 11 0 EMI+	23. SIONATURE O M. D. or other
(Date rec'd by registrar)  (Date rec'd by registrar)  (Date rec'd by registrar)	Address Duri Viel My Date signed 11/1/46



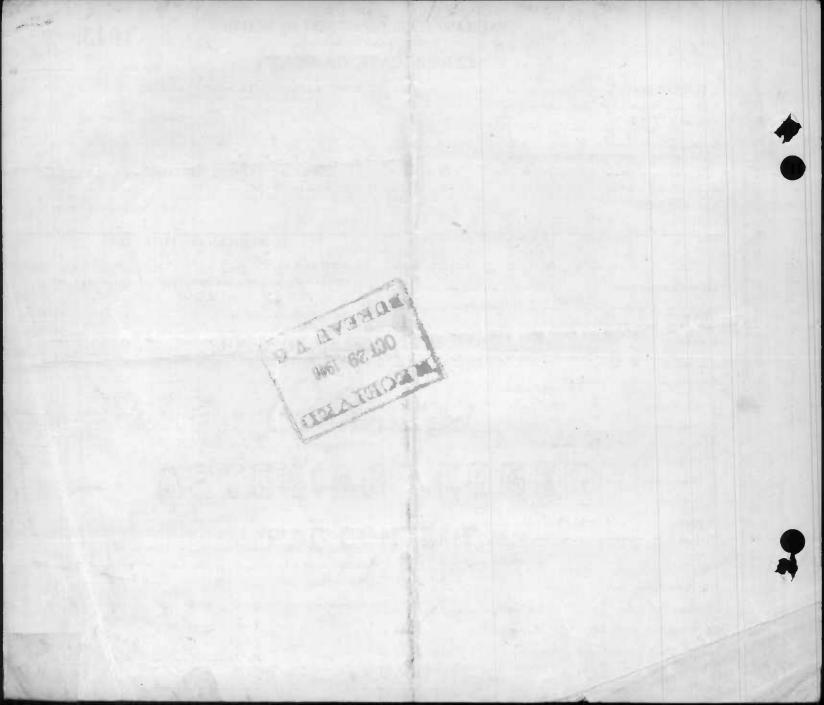
### MARYLAND STATE DEPARTMENT OF HEALTH





10439 Reg. Dist. No. 355

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Warcester	1.000 0
City or town	State Maryland county Worcester
	City or town Berlin
How long in above place of death? About 6 years	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. Railroad Que
Railroad ave, Berlin, Md	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Lucinda Danielo	23105-9393
4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female aa widow	20. DATE OF DEATH October 23 1946 at 1:00 P. M
6.(b) Name of husband or wife William D. Daniels	21. I CERTIFY that death occurred on the date above stated; that I atlended deceased from
decasal B.(c) If alive, give age years	May 13 1946 10 October 22 1946
7. Birth date of	and that I last say'h M. allve on October & 2 19 96
deceased (mo., day, yr.) 54 yrs. 2-18-1892 8. AGE: Years Months Days If less than one day	Impediate cause of death DURATION
54 8 5- hrsmin.	Gent disease
9. Birthplace Type Co, North Carolina (Town, county, and state)	Due to
10. Usual occupation. General Adousemark	
	Due fo
	men!
12. Name Don't format	Dither conditions SURFAMILIAN
	(Include pregnancy within 3 months of death)
14. Maiden name. Coras Gibbs	Major findings of operations
15. Birthplace Style Co. north Carolina	Date of op.
m m	
16. Informant / W.A. / Carry Ch. gray	Autopsy results
Address Berlin Maryland	
17 Burial Date thereof 10-27-46	22. VIOLENCE: If death was due to exfernal causes, fill in the following:
(Burial, cremation, or removal. Which?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Everyseens	Where did injury occur?
Location Barlin Maryland	pinjured at home, farm, industry, public place (where?)
18. Funeral director James 7 Stewart	Means of Injury Injured at work?
Address 402 E, Church St Salasbury Md.	25. SIGNATURE SHARMEL (V)
19. 10-27- 19. H6 Kelen F. Haywar	Address 800 M. Main J. Shuy Mass signed 10/25/46.



A15 VS

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (BI-B

# CERTIFICATE OF DEATH

1()44() Reg. Diat. No. 350

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	12 1
City or town(If outside city or town limits, write RUIAAL and ore nearest town)	State County County
Row long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. 600 Cedar Street
	(If rural, give LOCATION)
How long to hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
3.(a) FULL NAME Weta Virginia	Asope -
4. Sex   5. Color or race   6.(a) Single, married, with wed, or divorced	MEDICAL CERTIFICATION
House white married.	100x 2 111 7:20 R
Johnson White My Collect	20. DATE DE DEATH. 19.4. 0. 21
6.(b) Name of husband or wife Williams St. Works	21, I CERTIFY that death occurred on the date above stated; that I attended deceased from
	1938 10 3 1944
7 Bloth date of	and that t last saw k 2 all ve on
deceased (mo., day, yr.)  ACE. Years Months  Days It tess than one day	Immediate cause of death DURATION
o. Adl.	Dance Hefferding Joseph
72 8 10hrsmin.	
Birtholas Wagram Cocomac Vugue	Due to
(Town, county, and state)	
10. Usual occupation	Due to
11. Industry or business	
# 12 Name William Tull	Dither conditions
12. Name	
# Callerine & amage	(Include pregnancy within 3 months of death)
14. Malden name	Major findings of operations.
15. Birthplace Unknown	
16. Informant William & Aloga	Autopsy results.
Address Pocomohe ty md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Bio	22. VIOLENCE: tt death was due to external causes, fill la fhe following:
(Burial, cremation, or removal, Which?)  Date thereof	Accident, suicide, or homicide
Cometery or crematory Melson Cemetry	Where did injury occur?
JELL P_ Jl gue	Injured of home, tarm, industry, public place (where?)
Location	/ Means of injury Injured at work?
18. Funeral director Denny To Walson	Price in St. injury
Address Pocolorohe liter med	16 mission well
11 D Style +	23. SIGNATURE M. D. or other
19. Oct. 1946 Unne O Registrar	Address Date signed 0 446



### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore [23]

# CERTIFICATE OF DEATH

1()441 Reg. Dist. No. 355

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
City or town Rural - Beylin Md R.F.D. 3 <sup>44</sup> (If outside city or town limits, write RURAL and give nearest town)	(For newborn infants give residence of mother)  State Mary and County Marces Tex
(If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)  Street No. R. F. D. 3
R.F.D. 32	(1f rurai, give LOCATION)
How long in hospital or institution?	2.(0) If veteran, name war
Laura May Jorvi.	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married didowed, or divorced	MEDICAL CERTIFICATION
Temale White Widowed	20. DATE DE DEATH OCT 21, 1946 at 9 H M
6.(6) Name of husband or wife. Thomas Jarvis	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from
7. Birth date of deceased (mo., day, yr.) Aug 20, 1887	and that Yast saw h legalive on 6 19 9 1946
8. AGE: Years Months Days If less than one day	Immediate carreed death DURATION 2 WKs
Berlin, Wor. Md.	Due to Discration
10. Usual occupation +10 U S.C. WIT C	for sverticulity
11. Industry or business	€€ to
12. Name Major Hostings 13. Birtholace	Diher conditions
14. Malden name	(Include pregnuncy within 3 months of death)  Major findings ol operations.
2 15. Birthplace Md.	Date of op.
16. Informant HILCE May Wain Wright Address Berlin Md. R.F. D. 3#	Autopsy results
17. Burial Date thereof Oct. 23, 1946	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or hemicide
(Burial, cremation, or remoral, Which?)  Cemetery or crematory  Cemetery or crematory	Where did injury occur?
Location Berlin, R.T.D.	Injured at home, farm, industry, public place (where?)
18. Funeral director anna a. Burloge	Means of Injury Injured at work?
Address Berlin, Md.	23. SIGNATURE Clefford Choll
19. 10 - 23 19 to Jelan t- Kunthino (Date rec'd by registrar)	Address Dollie Md. D. os. other M. O. os. othe

OCT 36 OAS DOWN The state of the s

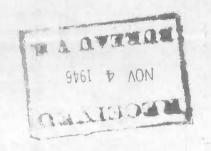
OF

DEATH

PLEASE

			CERTIFICA	AIE OF DEATH	Reg. Di
City or town(If o	Stockton ustide city or town of death? street address when	limits, write F		City or town Stockton (If outside city or town limits, write Street No. (If rural, give LOCA 2.(a) If veteran, name war.	r) Worce e RURAL
	Wm. J				
4. Sex Male	5. Color or race	6.(a)Sing	ie, married, widowed, or divorced	MEDICAL CERT	
6.(b) Name of husband 7. Birth date of deceased (mo., day, y		6.(	(c) If allive, give ageye	years and that I last saw halive on	, to
8. AGE: Years about 80	Months	Days	if less than one dayhrsn	spine and Fractured leg.	
10. Usual occupation	General	Labor	state)	Sue to	
		inknown	1 )	Major findings of operations.	
Address  17. burial (Burial, cremation Cemetery or cremat Location	Stockton, Lands Stockton, Lands Stockton	Date the brin Da	month (day) (year) an Cometery	22. VIOLENCE: If death was due to external causes, if Accident, suicide, or homicide accident Where did injury occur? Stockton (City or town) Injured at home, farm, industry, public place (where?) Means of injury fell down loft	eath should
19. Oct. 24	egistrar)	<u> </u>	ary M. Taylor	istrar Address Show Hill, Md.	1

tate Mary	and		County	orces	ter		
Sity or town St						rest town)	
itreet No	********		give LOCAT	TION)			
!.(a) If veteran, nan	ne war						
			3.(	b) Social	Security 1	Number	-
	MI	EDICAL	CERTI	FICAT	ION		-
O. DATE OF DEATH.	Oct.	21,			19.46	, all	MI .
1. I CERTIFY that d							
						19	
ind that I last saw h	ai	ive on				19	
mmediate cause of	death	Fract	ured			DURATION	
spine an	d Fra	ctured	leg			lday	
)ue to				******	***************************************		
							h
Due to							
Other conditions							
(II	nclude preg	nancy with	n 3 months	of death)			
Major findings of c	perations						• •
Antopsy results				****		*********	
PHYSICIAN: Pleas	e underline	the cause t	which de	th should	he charged	statistically.	
22. VIOLENCE: If	death was	due to externa	l causes, fill	In the follo	wing;		
Accident suicide o	r homicide.	accide	nt	Da	te of Oc	t. 20,46	
matere and injury of	, <b>601</b> (	(City or to	wn)	(Count	ty)	(State) Md	
Injured at home, fa	rm, Industry	, public plac	e (where?)	धर प	90. 48	rrs barn	••
Means of Injury	ell d	own lo	ft	Injured a	t work? ye	S	_
23. SIGNATURE	Shu	L.	Tree	42		med Exa	A
Address Show	Hill	. Md.				or other 10/21/46	
Address				/l	Jate Signed		





PLEASE WRITE

### MARYLAND STATE DEPARTMENT OF HEALTH

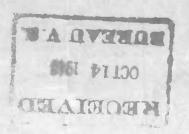
2411 N. Charles St., Baltimore Bio

## CERTIFICATE OF DEATH

10443

Reg. Dist. 1	a	05
Reg. Dist 1	No.	30

1. PLACE OF DEATH: Workester	2. USUAL RESIDENCE (HOME) OF D (For newborn infants give residence of mot State	DECEASED: Worcester	
City or town (If outside city or town timits, write NUFAL and give nearest town)	State County Berli	n	
How long in ebove place of death?	City or town		)
Bay Street	Streef No. Bay JTY		**********
How long in hospital or institution?	2.(a) tf veteran, name war		
Lula Virginia L	ank	3. (b) Social Security Number	
Temale White Married Morried	MEDICAL CER	/ /	50
Carretta	20. DATE OF DEATH  21. I CERTIFY that death occurred on the date above s	19.4.6 at 1,2	M
8.(b) Name of husband or wife Sebrge E. Lank  8.(c) If alive, give age 60 years		taled; that I effended decessed from	946
T. Birth date of deceased (mo., day, yr.) May. 29, 1885	1 -1 -1	71	946
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death	DUR	RATION
6/ 6 /2nrsmin.	D Hapatensin Cerclio -	renal Miseure 3 m	105
8. Birthplace	Due to. D. A.		
10. Usual occupation	Coronary Sclewsis	?	
11. industry or business	artenor clavos & 1/4	ettering 24	125
12. Name May shall 13. Birthplace Va.	Other conditions		
	(Include pregnancy within 3 mont	the of doth)	
14. Malden name Virginia Joines	Major findings of operations		
16. Informant George E. Lank	Autopsy results		***************************************
Address Beylin, Md.	22. VIOLENCE: If death was due to external causes,		•
(Burial, cremation, or removal. Which?)  Date thereof. Uc.T. 10, 1946 (month) (day) (year)	Accident, suicide, or homicide	Date of	
Cemetery or crematory Evergreen Cemetery	Where did injury occur?(City or town)	(County) (State)	•••••
Location Berlin Md.	Injured at home, farm, Industry, public place (where?		************
18. Funeral director anna U. Burlege	Means of injury	Injured at work?	
Address Barlin, Md.	23. SIGNATURE Hothanuel De	though HA.	
19. 10-10- (Date rec'd by registrar)  19. 46 Jelen 7. Hayw	Address Occum City M.	M. D. or other	+46







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PLEASE

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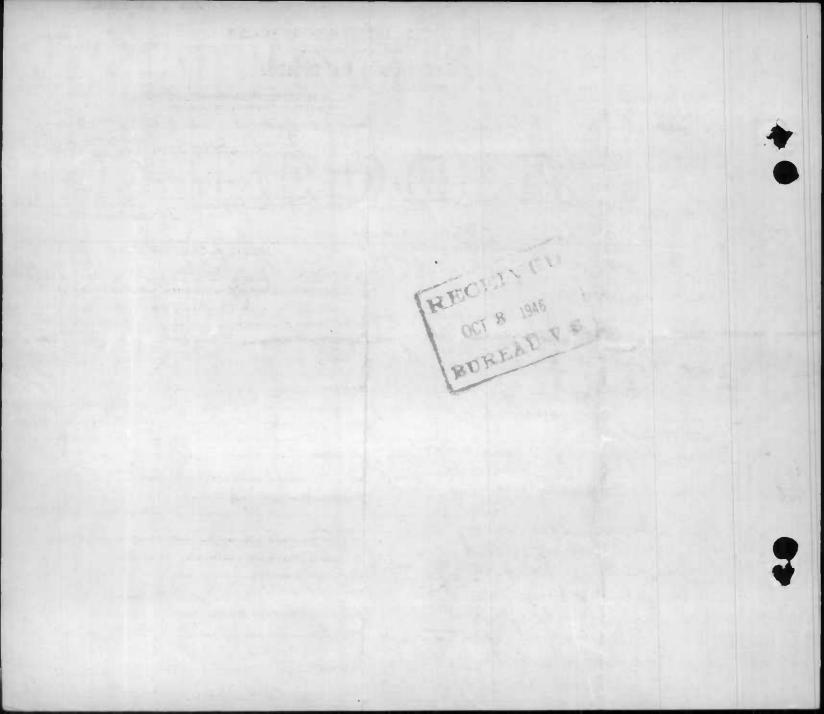
### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



10				00
495.	Reg.	Diat.	No	- Ac-

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Of Carolina Rural	State Maryland County Worcesler
(If outside eity or town limits, write RURAL and give nearest town)	City or town (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	(If outside city or town limits, write RUKAL and give nearest town)
Hospilai, institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Jugge Mur	ay .
4. Sex 5. Color or tage 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Jemale white married	20. DATE DF DEATH October 6 19 46, at 7 A.
6.(b) Hame of husband or wife Harry Murray	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
1	
7. Birth date of 6.(c) If alive, give ageye	and that I last saw halive on
deceased (mo., day, yr.) Cev. 192, 1881	Immediair cause of death Leve bra & Mbolus DURATION
8. AGE: Years Months Days It less than one day	
64 900 11 17 hrs.	
1 Daniel 10 el	
9. Birthplace	Due to
the second of	
1D. Usual occupation.	Due to
11. Industry or business	
12. Name June Julian	Other conditions
13. Birthplace Del.	
	(Include pregnancy within 3 months of death)
14. Maiden name Den Martha Bund	Major fiadiogs of operations
≥ 15. Birthplace	Date of op.
7/11 min man	Autopsy results
16. Informant	PHYSICIAN: Please onderline the caose to which death should be charged statistically.
Address Delahap, M.	/ 22. VIOLENCE: It death was due to external causes, till in the tollowing;
17 (Burel Date thereof 10 - 8 - 46	
(Burial, cremation, or removal, Which?) (month) (day) (year)	Assessed seems of the seems of
Cemetery or crematory Red Theres Cemeters	Where did injury occur?
Selecciól Del	Injured at home, tarm, industry, public place (where?)
Location	
18. Funeral director Henry IV Walson	Means of injury Injuged at work?
Q 1 1 1 201	-11-11
Address become cure	23. SIGNATURE
Wat 1 146 Mester Scroe	M. D. orNother
(Date rec'd by registrar)	tray Address Oe Mille Add Date signed 70/7/1966



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correct age

### MARYLAND STATE DEPARTMENT OF HEALTH

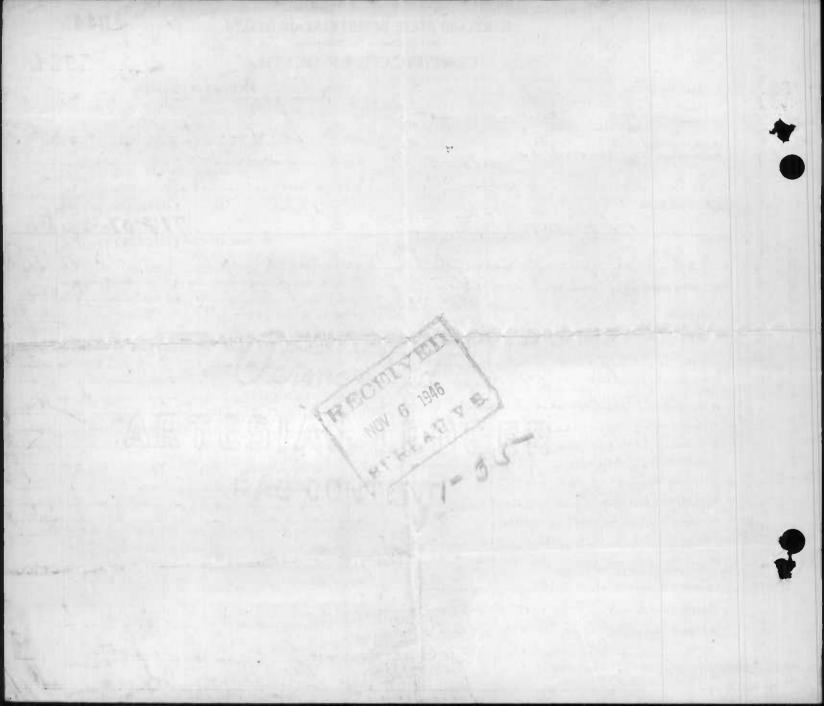
2411 N. Charles St., Baltimore (337)



# 10445

# Reg. Dist. No. 3550

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State M. d. County Worklester
City or town land (if outside city or town limits, write RURAL and give nearest town)	1001.
How long in above place of death?	City or town
nospital, ilistitution, of street address where your occurred.	Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Tordon Title	717-07-9683
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION , 45
male a.a. married	20. DATE DE DEATH 10-29 126 4-9.
6.(b) Name of husband or wife Laura C Pitts	21. I CERTIFY that death occurred on the date above stajed; thal I attended deceased from
40 8.(c) It alive, give age years	10-1- 1940 10 10-6.9 1940
7. Birth date of deceased (mo., day). Dan 14, 1885	and that I last saw h. Carry alive on
8. AGE: Years Months Days It less than one day	Immediate cause of death DURATION
6 1min.	
9. Birthplace Gulin (Town, county, and state)	Due to
10. Usual occupation Failrand Worker of Pa,	Due to
11. Industry or business same as above	
12. Name William Vills 13. Birthplace Pulin 328	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Emeline (Malilemo	Major findings of operations
15. Sirthplace Beylin and	Date of op.
16. Information dama Julio	Antopsy results
Address Seelen me	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. Date thereof. Now 3 - 1946 (Burial, cremation, or removal, Which?)  Date thereof. Now 3 - 1946 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:
	Accident, suicide, or homicide
Gemetery or crematory Luling Illa	Where dld injury occur?
Location Lysplin Jones	injured at home, farm, industry, public place (where?)
18. Funeral director ame di seleval	Meens of injury tnjured at work?
Address Dochalury md	Olilland & No Latt
11-2 Ho Haten F. Harrish	23. SIGNATURE M. D
19. (Onte rec'd by registrar) Registrar	Address X baller Md Date signed.



VS A15

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

1044 Reg. Dist. No. 357

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
County State County	
City or town	State M. Myland County VV avesles
How long in above place of death? 30 Alans	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	
	Street No
How long in hospital or institution?	2.(a) It veteran, name war. Werld War I
3. (a) FULL NAME	3. (b) Social Security Number
William B. Fruit	none
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white married	20, DATE OF DEATH OCLORES 17 19 46 at 10 AM
made Doubt	21. I CERTIFY that death occurred on the date above stated; that I atlended deceased from
6.(6) Name of husband or wife.	
B.(c) if alive, give age 43 years	14 aug 19 46, 10 17 acr 18 1/2
7. Birth date of \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	and that I last saw A.Ma. alive on 1) av 19 K.C.
deceased (mo., day, yr.) 11 (MCK) 13-119	Immediate cause of death
8. AGE: Years Munths Days It less than one day	Pulmonane Tuherculorer
7 4hrsmin.	
Milit Maranto Man	Jes.
9. Birthplace (Town, county, and state)	Due to
10 Herral occupation A alexander	***************************************
10. Usual occupation	Due to
1t. industry or business Surface 15 ay	
= 12 Name Isharles Prutt	Other conditions
12. Name	
	(Include pregnancy within 3 months of death)
14. Maiden name Doungo W. On. C.	Major findings of operations
14. Maiden name Saura Ward.	
10. Dimpleto	Date of op.
16. Informant YY A Alle The Third Th	Antopsy results
Address Midlitue ma	PHYSICIAN: Please underline the cause to which death should be charged statistically.
a Doct 90/1/6	22. VIOLENCE: It death was due to external causes, till in the tollowing;
(Burlat, cremation, or removal, Which?)  [Burlat, cremation, or removal, Which?]	Accideni, suicide, or homicide
I I I I I I I I I I I I I I I I I I I	
Cemetery or cremetory	Where did Injury occur?
Location Mudutuel ma	Injured at home, farm, Industry, public place (where?)
	Meens of Injury Injured at work?
18. Funeral director	injure et injur
Address Shorty Hill M.C.	1/ 1/1/20
nuuross and a second	23. SIGHATURE, Keaman G. Nahlin 2 2
10 10119/ 1046 Retor Swith	M. D. or other
19. (Date ree'd by fegistrar)	Address Free See See VL



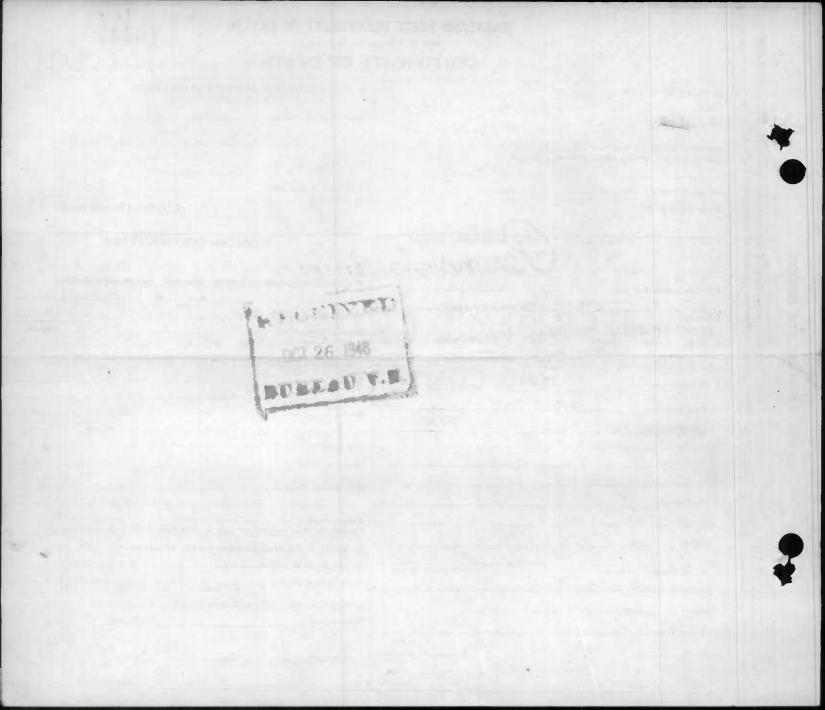
### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

\*10447 Reg. Diat. No....

1. PLACE OF DEATH: MOROLUNIA	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State Many Layer County M. a. M. S. S. L. M.
(if outside city or town.limits, write RURAL lod give nearest town)	
How long in above place of dealh?	(If outside city or town limits, write RURAL and give nesrest town)
Hospital, institution, or street address where dearn occurred:	Street No.
How long in hospital or institution?	(If rural, give LOCATION)  2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Millard Fr. Fusey	none
4. Sex 5. Color or race 8.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
male White Widowed	20. DATE OF DEATH actalian 22 19.46.21.225 M
6,(b) Name of husband or wife Mary & Dusly	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 10/19/46 19
7. Birth date of	and that I last saw h and alive on 10722/46
deceased (mo., day, yr.) fune 21 - 1883	Immediate cause of death
8. AGE: Years Months Days If less than one day	artino-allerote Cardio-
9/1 4	renal disease unknow
9. Birthplace DANN / (Town, county, and state)	Due to
1B. Usual occupation 7 one	
11. industry or business D	Due to
= 12. Name Jevin O. Pusky	Other conditions
13. Birthplace Mayland	(Include pregnancy within 3 months of death)
# 14 Malden name Qusand Popl	
14. Malden name Dusan Pople  15. Birthplace Mayland	Major fiadings of operations
16. Informant M. 1st Lucy on Pusing	Autopsy results.
11 /11 200 d	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Snow Nell, Mills	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burlal, cremation, or removal. Which?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Balls Milhoolys !!	Where did injury occur?
Location Snow Will mg	Injured at home, farm, industry, public place (where?)
18. Funeral director. Illay & Dannis.	Means of Injury Injured at work?
1 11 of and	Ha Cotto 200
Address Swow Nuc Mig	23. SIGNATURE / Cull Ohly M. D. or other
19. (Date rec'd by registrar)  (Date rec'd by registrar)  (Date rec'd by registrar)  (Date rec'd by registrar)	Address From thee Wo Date signed 10/2 3/46



VS A15

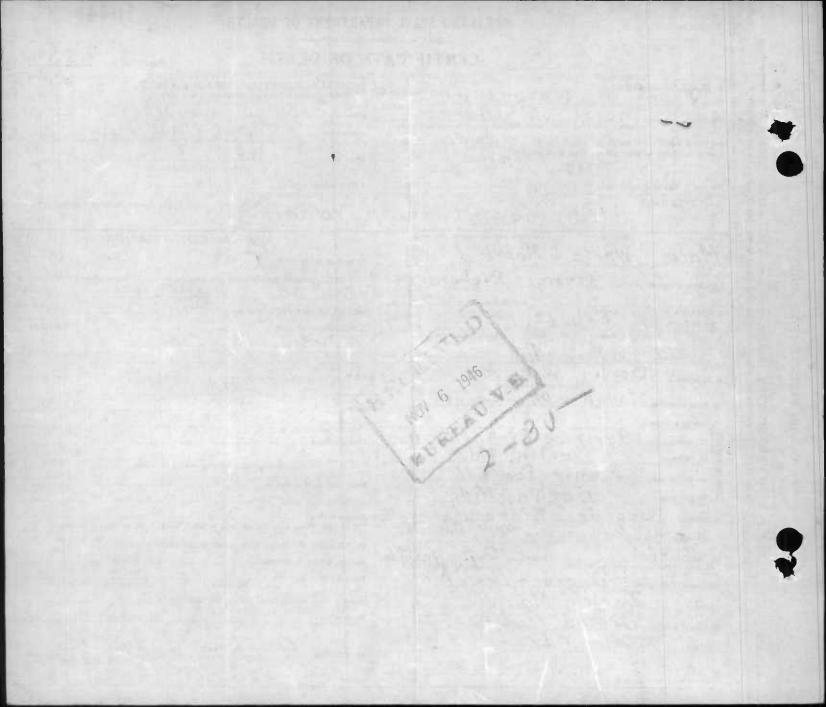
### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 77-

*						
	1				_	0
D	Dia	B.T.	9	5	5	0

10448

1. PLACE OF DEATH: Worcester	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
COUNTY	Maruland
Cliy or town Ruyal - Beylin (If outside city or town limits, write RURAL and give nearest town)	State County County County
the long in shore piace of dealh?	City or town
Hospital Institution or street address where death occurred:	RED
Berlin R.F.D.	Street No
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Thomas A. Rich	hardson
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	20 DATE OF DEATH Not. 29. 1046 01/2 -#M
	20. DATE OF DEATH.
6.(b) Name of husband or wife Georgie Richardson	21. I CERTIFY that death occurred on the date above stried; that attended deceased from
	Oct 29 1846 to Det 29 1846
7 Distribute of	and that I last saw h. Lact_alive on Oct 29 1846
	Immediate cause of death
8. AGE: Years Months Days If less than one day	acute alcoholism !
52 8 / hrsmin.	
9. Birthplace Berlin, Wor. Md.	Bue fo
(Town, county, and state)	
10. Usual occupation Lumber Mill Labor	Due fe
11. Industry or business	
	Other conditions
B - M	
	(Include pregnancy within 3 months of death)
14. Maiden name Elanor Powell 15. Birthpiace Berlin Md.	Major findings of operations
15. Birthpiace Berlin Md.	
General Richardson	Antopsy results.
A Manay David Q	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 1926 Helington Ave. Opper Darsy, 89.	22. VIOLENCE: If death was due to external causes, fill in the following;
17 Boyla   Bale thereof Oct 3/ 1976   Burlai, cremation, or removal, Which?)	
	Accident, suicide, or homicide
Cemetery or crematory Tyer green Cemetery	Where did injury occur?
Location Derlin, Md.	Injured at home, farm, Industry, public place (where?)
and a Bulean	Means of Injury Injured at work?
18. Funeral director	
Address Barlin, Md.	Olefford & Selett
10-91 the Tholom & thousand	23. SIGNATURE M. D.
19. (Date rec'd by registrar) Registrar	Address Parline Ma Date signed



PLEASE

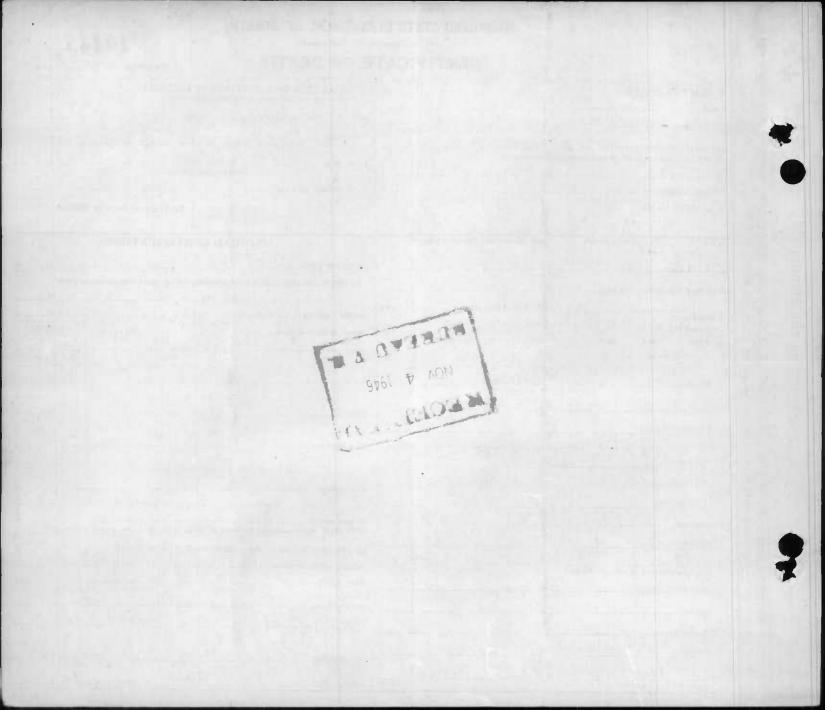
### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



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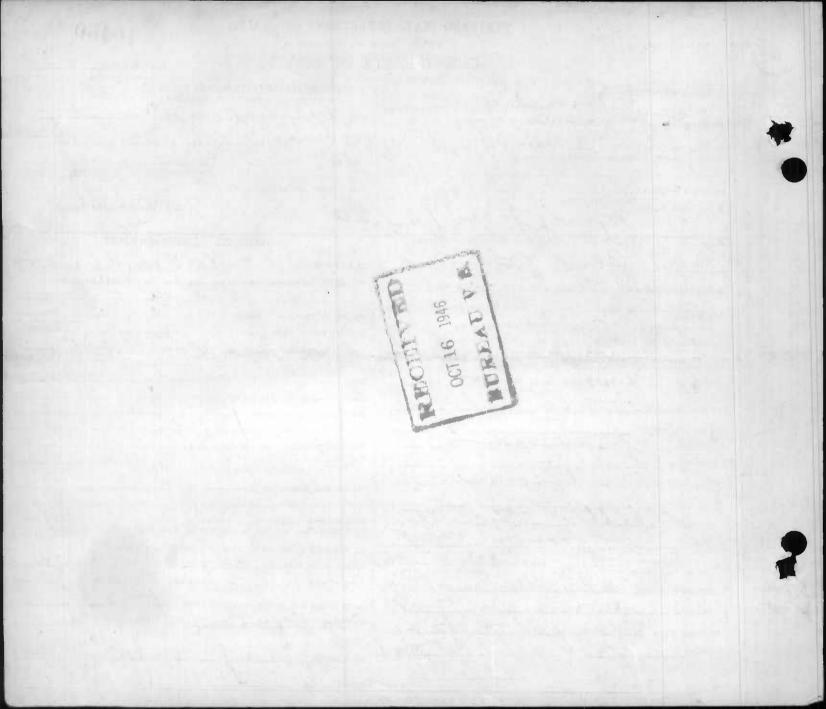
1. PLACE OF DEATH:  County
City or town. (If outside city or town limits, write RULAL and give nearest town) How long in above place of death?  How long in hospital institution, or street address where dead occurred:  Street No. (If rural, give LOCATION)  3. (a) FULL NAME  3. (b) Social Security Number  4. Sax
How long in above place of death?  How long in hospital, institution, or street address where death occurred:  Street No.  (If rural, give LOCATION)  2.(a) Hi veteran, name war.  3. (b) Social Security Number  4. Sax  5. Color of race  6. (a) Single, harried, widowed, or divorced  MEDICAL CERTIFICATION  20. DATE DF DEATH  19. 4. 5. 21. I DERTIFY that death occurred on the date above stated; that I attended deceased from deceased (mo., day, yr.)  8. AGE: Years  Menths  Days  Hiess than one day  10. Usual occupation.  Due to.  Due to.
Siret   Now long in hospital or institution?
3. (a) FULL NAME  3. (b) Social Security Number  Color of race  6. (a) Single Aparried, yellowed, or divorced  MEDICAL CERTIFICATION  20. DATE DF DEATH  21. I CERTIFY that death occurred on the date above stated; that I attended deceased from the deceased (mo., day, yr.)  8. AGE: Years Months Days It less than one day  19. Birthplaces Months Days It less than one day  19. Due to.  19. Due to.
4. Sex S. Color of race S. (a) Single Married, widowed, or divorced  MEDICAL CERTIFICATION  20. DATE DF DEATH 19.4.9. at 7.30. P.  21. I CERTIFY that death occurred on the date above stated; that I attended deceased from the deceased (mo., day, yr.)  3. AGE: Years Months Days it less than one day  4. Sex S. Color of race S. (a) Single Married, widowed, or divorced  MEDICAL CERTIFICATION  20. DATE DF DEATH 2. It less that I attended deceased from the date above stated; that I attended deceased from the da
Male White Juigle  6.(b) Name of husband or wife  5.(c) If alive, give age years  7. Sirth date of deceased (mo., day, yr.) July 13 - 1932  8. AGE: Years Months Days it less than one day  9. Birthpiace Months Male State)  19. July 13 - 1932  Immediate cause of death Duration  19. July 13 - 1932  Immediate cause of death Duration  19. July 13 - 1932  Due to  Due to  Due to
6.(b) Name of husband or wife  5.(c) If alive, give age years  7. Birth date of deceased (mo., day, yr.) July 13 - 1932  8. AGE: Years Months Days It less than one day hrs. min.  9. Birthplace Months (fown, county, and state)  10. Usual occupation.  21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.  19. 19.  19. 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.  19. 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.  19. 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.  19. 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.  19. 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.  19. 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.  19. 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.  19. 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.  19. 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.  19. 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.  19. 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.  19. 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.  19. 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.  19. 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.  19. 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.  19. 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.  19. 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.  19. 21. 2
8. (c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) 13 - 1932  8. AGE: Years Months Days it less than one day hrs. min.  9. Birthpiace Months Months Days and state)  19. 19. 19. 19. 19. 19. 19. 19. 19. 19.
7. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months Days it less than one day hrs. min.  9. Birthplace Months Months Months Days by Duration Due to.  10. Usual occupation.
7. Birth date of deceased (mo., day, yr.) 13 - 1932  8. AGE: Years Months Days It less than one day Immediate cause of death DurkTION  9. Birthplace Months
8. AGE: Years Months Days It less than one day  14 3 Inmediate cause of gents Print  9. Birthplace Month Months Mo
9. 8irthpiace Mon Afficial Market May Due to.  10. Usual occupation.  Due to.  Due to.
t0. Usual occupation
to. Usual occupation. Due to.
00010
11. Industry or business /
12. Hame
14. Maiden name Oully M: Cacleson Major fiadiogs of operations.  [Include pregnancy within 3 months of death]  Major fiadiogs of operations.  Date of op.
15. Birthplace Date of op.
18. Informant MA TO Me. Roberts  Autopsy results.  PHYSICIAN: Please coderline the cause to which death should be charged statistically.
Address 22. VIOLENCE: If death was due to external causes, till in the following:
17 Marial, eremation, or removal. Which?)  Date thereof. (Month) Agay) (year)  Accident, suicide, or homicide. Date of 1731/46
Comelery or crematory (City or town)  Where did injury occur? (City or town)  (County) State)
Location Injured at home, form, Industry, public place (where?)
18. Funeral director Alaly On play 18. Funeral director Alaly On play 18. Funeral director
Address Snow Will My 23. SIGNATURE The R / Tilly Dyb. new Eyam
19. (Date rec'd by registrar)  19. (Date rec'd by registrar)  Address Drewn Hill M. D. or other  Registrar  Address Drewn Hill M. D. or other  Date signed 11/1/46



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (80)

County	(For newborn infants give residence of mother)  Slate. The County
3. (a) FULL NAME Mary Jane Par	Low 3. (b) Social Security Number
4. Sex 5. Colorer race 6. (1) Single, married, widowed, or divorced  Henrole Colored Wildowed	MEDICAL CERTIFICATION  20, DATE OF DEATH.  Oel 19 46, at 10 9 m
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Sirih date of deceased (mo., day, yr.)  8. AGE: Years Months Days If less than one dayhrs	Impodiate came of death
9. Birthplace	Due to
16. Usual occupation	Due to.
11. Industry or business    12. Name   13. Birthplace	Diher conditions
13. Birthplace  14. Malden name	(Include pregnancy within 3 months of death)  Major fiadings of operations.
16. informant. Halles Fillitte.  Address	Autopsy results
11 Burial, cremation, or removal. Which?)  Cemetery or crematory. The state of the	22. VIOLENCE: tf death was due to external causes, till in the following:  Accident, suicide, or homicide
Location Rung Porter Tond.	tnjured at home, fame, Industry, public place (where?)
18. Funeral director Processor City Madress	23. SIGNATURE John L. Perey Dy. ms Exam
19. Oct 5 19.46 and 3. That	M. D. or other



M. D. ovether

Oate signed 15 -21 -44

The correct age

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The coil is especially important. Physicians: please write the causes of death clearly and legibly. SERVED FOR BINDING

3	F
MARGIN KE	PLEASE WRITE PLAINLY, WITH UNFADING IN
(1)	WITH
	PLAINLY,
9:45:151	WRITE
VS A15	PLEASE

(Date rec'd by registrar)

PLACE OF DEATH   County   Co
4. Set Scolor or race S.(a) Single, married, widowed or divorced MEDICAL CERTIFICATION  Make Color Murried Color Murried Color Medical Certification  5.(b) Name of husband or wife State Color of the Color Color of t
S.(b) Name of husband or wife
6.(b) Name of husband or wife  5.(c) If alive, give age  6.(d) If alive, give and that I last saw head.  6.(d) If alive, give age  6.(d) If alive, give age  7.(d) If alive, give age  8.(d) If alive, give age  8.(d) If alive, give age  9.(d) If alive, g
9. Sirthplace (Town, county, and state)  10. Usual occupation
12. Name
Major findings of operations
Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address  17  (Burial, cremation, or removal, Which?)  Cemetery or cremalory.  (City or town)  (County)  Address  22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
Location Russel Mustle Augusty Da.  18. Funeral director Address Pocombol City Mal

23. SIGNATURE

Registrar | Address.....

